10-790

Vonda M. Wallace
Paralegal Specialist

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | 10-11-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

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| ✔ | ............................... Rejected | | N | ............................... Non-elected |
| = | ............................... Allowed | | I | ............................... Interference |
| — | (Through numeral)... Canceled | | A | ............................... Appeal |
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| Claim Final | Original | 7/16/03 | 4/4/04 | Date | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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